



# County of San Diego

NICK MACCHIONE, FACHE  
DIRECTOR

## HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

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Emergency Medical Care Committee  
Jim Marugg, Chair/Travis Kusman, Vice-Chair  
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Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing/Border Health  
TB Control & Refugee Health  
Vital Records

### MISSION STATEMENT

*"As advisor to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system."*

## EMERGENCY MEDICAL CARE COMMITTEE

### Minutes

Thursday, March 24, 2011

#### Members Present

Dotson, R.N., Melody – BHNC  
Forman, R.N., Kelly – Co. Paramedic Agencies'  
Green, R.N., Katy – First District  
Jacoby, M.D., Jake – Fourth District  
Kusman, Travis – S.D. Co. Ambulance Association  
Marugg, Jim – S.D. Co. Paramedics' Association  
Meadows-Pitt, R.N., Mary – Second District  
Milakovich, Lt. Jenene – Law Enforcement Agencies  
Pfohl, Bob – S.D. Co. Fire Chiefs' Association  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Salazar, Sgt. Stanley – Law Enforcement Agencies

#### Vacant

Binational EMCC  
San Diego Emergency Physicians' Society  
League of California Cities  
S.D. County Medical Society

#### Members Absent

Cerny, Barbara – Third District  
Fisher, Chief Gary – S.D. Co. Fire Districts' Assoc.  
Fried, Bruce – Fifth District  
Ponce, Cruz – American Red Cross  
Skoglund, R.N., Patty – Hospital Assoc. of S.D./Imp Co.

#### Guests Present

Bermudez, Rodrigo – Pacific Ambulance  
Broyles, R.N., Linda – RCCP/AMR  
Francis, Alan – California Prison Health Services

#### County Staff Present

Haynes, M.D., Bruce  
Metz, R.N., Marcy  
Pate, R.N., Rebecca

#### Recorder

Janet I. Wolchko

### **I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Jim Marugg, Chairperson called the meeting to order at 9:09 a.m. Attendees introduced themselves.

## **II. PUBLIC COMMENTS/PETITIONS**

There were no public speakers.

## **III. APPROVAL OF MINUTES**

Motion was made by Kelly Forman, seconded by Melody Dotson to approve the January 27, 2011 minutes. Motion carried.

## **IV. STANDING SUBCOMMITTEE REPORTS**

### **A. Prehospital/Hospital (Melody Dotson)**

Prehospital/Hospital Subcommittee discussed offload delays and the number of radio calls made to the bases.

Two policies were reviewed at the subcommittee meeting:

A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance  
S-411, Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect

iQCS implementation has been delayed due to Citrix server issues. Base access to QCS has been transferred to the new Citrix servers.

### **B. Education and Research**

No report.

### **C. Disaster Operations (Travis Kusman)**

EMCC Disaster Operations Subcommittee is meeting Friday, March 25, 2011.

## **V. LIVE WELL SAN DIEGO – FOSTERING SAFE COMMUNITIES (Marcy Metz)**

A handout for the Health and Human Services Agency (HHSA) Live Well, San Diego–Fostering Safe Communities Plan was distributed. Similar to the Health Strategy Agenda, the County is developing a comprehensive plan for safe communities. HHSA supports safety by protecting children and seniors from abuse and neglect, providing basic needs assistance to families, acting as the public guardian for those that cannot care for themselves, protecting the community from diseases and supporting disaster response. The goal for the plan is to identify opportunities for HHSA to integrate services, optimize resources and increase collaboration with partners in support of safety.

The County and HHSA leadership met with the chairs of Advisory committees and are reaching out to the community to receive ideas on how to integrate community services with Public Health Services. Key components of Fostering Safe Communities are who do we serve and to focus on prevention, protection, preparedness and response. The overall strategy is to achieve the County's vision of healthy, safe and thriving communities.

There are no additional fees associated with the initiative. Existing resources will be used to include departments and agencies to work towards the same goal.

Community awareness such as training on how to recognize stroke, is integrated in the Health Strategy Agenda. The Health Strategy Agenda identifies risk factors as poor nutrition, tobacco use, and lack of physical activity which contribute to heart disease/stroke, cancer, type 2 diabetes and respiratory conditions. These diseases cause 50 percent of the deaths in San Diego County. The National Stroke Association has a campaign that advises people on how to recognize a stroke and recommends the patient go to a hospital immediately.

## **VI. EMERGENCY MEDICAL SERVICES (EMS) MEDICAL DIRECTOR REPORT (Bruce Haynes, M.D.)**

Offload Delays. The goal is to respond to offload delays as they occur. Hospitals and emergency rooms should use the provisions outlined in their Hospital Capacity Plan to improve efficiency, move patients quickly and create more capacity to prevent offload delays. Field staff should notify the ED Charge Nurse for assistance if offload delay occurs.

Dr. Jacoby inquired about the impact from County Mental Health (CMH). CMH patients are required to have a medical clearance before they go to a CMH facility. This situation results in more ED visits which contributes to offload delays.

Levels of dispatch and transporting patients at the correct transport level (BLS/ALS) were brought up. Discussion by the committee followed. There was a suggestion to have a hospital staff member in the facility emergency receiving room to contact the field personnel when they arrive and determine the severity of the patient.

The EMCC Disaster Operations Subcommittee is reviewing the County Ambulance Ordinance at their meeting tomorrow.

Japan. The earthquake and tsunami in Japan brings up concern with the nuclear power plant in Orange County. The San Onofre Nuclear Generating Station (SONGS) has many protection features such as a sea wall to shield against a tsunami and a minimum building standard to withstand a 7 point earthquake.

The Emergency Operations Center has ongoing training and conducts training every few years including a radiation detection plan exercise.

STEMI. In the Medical Director's report there was data on the median door-to-balloon times which are down to 60 minutes. During the past few years the door to balloon time of non-activated and walk-in patients is also down. Non-activated cases have a door-to-balloon mean time of 72 minutes and walk-ins have a door-to-balloon time of 75 minutes. Both are below the suggested 90 minutes.

Prehospital Protocols. Protocol revisions are ongoing and training is being organized.

EMOC. EMOC is working on guidelines for emergency room physicians regarding writing narcotic prescriptions for patients with chronic pain conditions. Chronic pain patients will be monitored to make sure their narcotics are given by one primary physician.

Influenza. The number of detected influenza cases in the County is declining. The percentage of deaths from pneumonia and other related issues have started to decline. The vaccine for next year will have the same components as last year's vaccine.

Pertussis. Although the number of pertussis cases has dropped, there are still a significant amount of cases reported in the County.

ROC Research Studies. There will be a ROC lactate study conducted in May. Lactate is a chemical that is a by-product of metabolism that goes up when someone is in shock. The study will include a sample of blood taken when the IV is started as a point of care testing for lactate, and another sample taken at the hospital. The study will be to determine if lactate measurement in the field will add to the accuracy of triage on the badly injured patient. The lactate study was discussed at the Base Station Physicians Committee (BSPC) meeting.

Later this year there will be a random interventional trial on outcome in cardiac arrest to compare amiodarone, lidocaine, and a placebo.

Dr. Jacoby commented on field EKGs and the problem in matching the patient to the EKG after transfer. It was suggested to use the 12 lead EKG that is transmitted electronic from the field to the hospital to identify the transport unit, time and the first and last initial of the patient.

**ACTION: Dr. Haynes will review the issue of identifying EKGs and matching them to the patient after transfer.**

## **VII. EMS STAFF REPORT (Marcy Metz, Chief EMS)**

The EMS Commission met in Los Angeles yesterday. The EMS system coordination task force is looking at consolidating Health and Safety Code Division 2.5, Sections 1797.201 and 1797.224, and reviewing regulation definitions. Recommendations are based on the Fire Department “white” paper of EMS agencies requiring written agreements and their interpretations on the Health and Safety Code. The taskforce will take their recommended definitions and regulations and compare that to the current statute to combine Health and Safety Code Division 2.5 Sections 1797.201 and 1797.224. A formal report will go to the EMS Commission in June.

The Emergency Medical Services Authority (EMSA) is looking at writing regulations for STEMI, Stroke and EMS for children.

EMSA is considering adopting the national standards for EMS responders and writing regulations for training the emergency medical responder (EMR). The EMS Commission discussed adding another level of responder in California, background checks and certification.

The County EMS building remodel is completed. The lobby and conference room will be able to accommodate a larger number of customers and committee group meetings.

There are plans to demolish the HHSA Askew building in June. Alternate locations for the EMCC meeting will be reviewed.

iQCS should be implemented by the first of July. In January it was determined that the old servers would not last until April 1, 2011. The system has been moved to new servers to provide stability that was needed.

#### **A. EMS Fee Schedule**

Ms. Metz brought forward the EMS fee schedule increase that had been discussed last year. At that time it was agreed to postpone implementing an increase of fees for two years. The initial recommendation was to increase the fee within two years to \$50. Another analysis of the labor study and fee schedule is being conducted and will be presented to the County analyst and budget office for approval. The recommended fee starting in 2012 will be \$50. Because of the time that has passed the recommendation will have to be submitted for analysis. Proposed implementation will be in July, 2012. These fees are for initial certification, recertification and accreditation for prehospital personnel and Mobile Intensive Care Nurses.

#### **VIII. SET NEXT MEETING/ADJOURNMENT**

The next meeting is scheduled for March 28, 2011 at 9:00 a.m., at the County's Health and Human Services Administration Building, 1700 Pacific Highway, Room 309, San Diego.

The meeting adjourned at 10:10 a.m.

Submitted by

Janet I. Wolchko  
Administrative Secretary  
County Emergency Medical Services